



Food Program Official Inspection Report
 SISKIYOU COUNTY
 COMMUNITY DEVELOPMENT DEPARTMENT
 Environmental Health Division
 806 S. Main Street
 Yreka, California 96097
 ph: (530) 841-2100, fax: (530) 841-4076

| | |
|--|---|
| Facility Name: Salmon River Outpost | CMHC# |
| Address: Hwy 96 Somes Bar, CA | |
| Permit Holder: Joseph & Elaina O'Rourke | Permit To Operate: <input type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: 530-469-3350 | E-mail: |
| Food Safety Certified Employee: Tannab O'Rourke | Expiration Date: |

| | | MAJ | OUT | COS | The marked items represent Health Code violations and must be corrected as follows: |
|------------------------|----------------------|-----|----------|-----|---|
| Protection Time/ Temp. | 1 Food Temp. | | | | |
| | 2 Prep./ Service | | | | |
| | 3 Storage/ Disp. | | | | |
| | 4 Frozen Food | | | | |
| | 5 Pure Food | | | | |
| | 6 Reused Food | | | | |
| | 7 Transportation | | | | |
| Food Storage | 8 Storage Fac. | | | | 13) Need to increase amount of sanitizer being used to obtain 200ppm. |
| | 9 Refrig. Units | | | | |
| | 10 Thermometer | | | | |
| | 11 Hazardous Mat. | | | | |
| | 12 Spoils | | | | |
| Uten./Equip. | 13 Wash/ Sanitize | | X | | Need to provide test strips for QT |
| | 14 Equip. Condition | | | | |
| | 15 Utensil Condition | | | | |
| | 16 Storage | | | | |
| Employee | 17 Handwashing | | | | |
| | 18 Employee Hygiene | | | | |
| | 19 Employee Habits | | | | |
| | 20 Food Cert./ Card | | | | |
| Water | 21 Water | | | | |
| | 22 Cross Con. | | | | |
| Waste | 23 Liquid Waste | | | | |
| | 24 Refuse | | | | |
| Vermir | 25 Rodents/ Insects | | | | |
| | 26 Animal/ Fowl | | | | |
| Facilities | 27 Ventilation | | | | |
| | 28 Doors | | | | |
| | 29 Floors | | | | |
| | 30 Walls - Ceilings | | | | |
| | 31 Toilet Fac. | | | | |
| | 32 Janitorial Fac. | | | | |
| | 33 Lighting | | | | |
| Misc. | 34 Clothing - Linen | | | | |
| | 35 Signs | | | | |
| | 36 Misc. | | | | |

| | |
|---|---|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | |
| Received By (Print): Bailey Rinehold | Received by (Signature): <i>[Signature]</i> |
| REHS (Print): David Jackson | REHS (Signature): <i>[Signature]</i> |
| | Date: 10/6/25 |
| | Phone: 530-841-2114 |